SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE 3842 OF			14	4350
(cł	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COM	MMITTEE	
Full Name (Last, First, Middle Initial) Mr. Camillo A. Ghiron Mailing Address 2130 N. Lincoln Park West Apaetment 10 South City Chicago FEC ID number of contributing federal political committee. Name of Employer None Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code IL 60614 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt M
Ame of Employer Receipt For: Primary Other (specify) Mr. Lewis D. Ghiz Mailing Address 1402 E. Colt Road City Tempe FEC ID number of contributing federal political committee. Name of Employer Requested Receipt For: Other (specify)	State Zip Code AZ 85284 C Occupation Requested Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Claudio Giacalone Mailing Address 707 Wilkinson Street City Shreveport FEC ID number of contributing federal political committee. Name of Employer Requested Receipt For: Primary General Other (specify)	State Zip Code LA 71104-3133 C Occupation Requested Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		3150.00
TOTAL This Period (last page this line number	only)	